

METRO NASHVILLE

REQUEST FOR MILITARY FMLA LEAVE – QUALIFYING EXIGENCY

Name: _____ SSN: _____

Department: _____

1. Name of covered servicemember on active duty or call to active duty status
in support of a contingency operation:

2. Reason for Leave: Short-notice deployment _____ Military events/Related Activities _____
Childcare/School Activities _____ Financial/Legal Arrangements _____ Counseling _____
Rest/Recuperation _____ Post Deployment Activities _____ Additional activities _____

3. Start Date of Anticipated Leave*: _____ Expected Date of Return to Work*: _____

4. Leave Will Be: Continuous _____ Intermittent _____ Reduced Schedule Leave _____

5. Type of Leave to be used (concurrently) first:

Sick _____ Vacation** _____ Compensatory _____

6. Spouse works for Metro? _____ Yes _____ No

Notes: * If dates of leave or return change, supervisor must be promptly notified.

**I currently have _____ days of accrued vacation and wish to hold back _____ vacation days
from concurrent counting during my FMLA leave. (Max. of 15 days) _____ Initials.

If I seek intermittent or reduced schedule leave, I agree to consult with my supervisor in
order to coordinate my leave date(s) to minimize disruption of my department's
operations during my absences. _____ Initials.

Signature: _____ Date: _____

*Note: Maintain original in confidential medical file and send copy to Benefit Services Department of
Human Resources, 222 Third Avenue North, Nashville, TN 37201.*

REVISED 11/7/08

DOL has developed an optional form (Form WH-384) for employees' use in
obtaining a certification that meets FMLA's certification requirements.